Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of

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Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	N	
STATE TRAINING SCHOOL .	P	
vame of Department or Office 3211 EDGINGTON AVENUE	ELDORA, IA 50627	
Mailing Address	ELDORA, IA 50627 Cily, State, Zip Code	
4-1-411-1-102 Area Code & Telephone No.	Light Control of the	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:	
Kristin Hagedon		
Name		
Mailing Address (If different from above) khagedo@dhs.statc.ia.us	Clly, State, Zip (if different from above)	
Emall Address	Area Code & Telephone Number (If different from above)	
AMERICAN LEGION AUXILIARY, c/o Joan Trimpc Name Abby Unit No. 442 Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof:	9/14/11 \$25.00 Date of Gift or Bequest Amount/Value* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
cash donation to be used toward Christmas dinner Criteria to use this form: Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.	
tatement of Affirmation:		
Kristin Hagedonaffirm that the gift or bequest reported abovessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor an	

ristin Tagedon

9/21/11

Date